

DUE: September 27th, 2019

2019-2020 School Year

E

Regular Classroom Special Education Overage Worksheet : GRADES 4-12

(8/12/2019-9/6/2019) 19 Days

First Quarter: Interim Period

Name: _____ Employee ID# _____ School: _____ School Code#: _____
Subject: _____

Please indicate the number of special education students mainstreamed into your regular education class that **EXCEED** the contractual limit. **The limit is 5 special education students per mainstreamed class for grades 4-12.**

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL
1st Period						
2nd Period						
3rd Period						
4th Period						
5th Period						
6th Period						
7th Period						
8th Period						
Total number of students over :						

1. If you have **BOTH** a class size overage and a special education overage you will only be compensated once.
2. Please clearly mark or highlight ALL Special Education students that appear on attached documentation.
3. Label attached eSchoolPLUS supporting documentation with the day(s) and class period(s).
4. Worksheet and documentation **MUST** match or your forms **WILL** be returned.
5. Return this form and all supporting documentation to: **Ann Niklas, Compensation Analyst.**
6. **PAYMENT WILL NOT BE MADE UNTIL THE COMPLETION OF THE 2019-2020 SCHOOL YEAR (ON OR BEFORE JULY 15, 2020).**

SIGNATURES: CTU Member: _____ Date: _____
Chapter Chairperson: _____ Date: _____
Principal: _____ Date: _____